For Office Use Only	\$120

Instructions on page 3

Application for Physical Therapy/Physical Therapist Assistant Licensure Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

1	2		
Last Name	First Name and Middle Name		
3	_		
Mailing Address			
4. City, State, Zip Code	E-Mail Address		
5 6	7		
Daytime Phone (Including Area Code)	Date of Birth Social Security Number*		
8. Male Female 9. If any of your documentation we gender (optional question)	s in a name other than your current name, list the previous names of record.		
he following questions must be answered. If you answer "Yes" to que details of the incident, (2) attach a copy of any court ordered evaluation of official court documents regarding your conviction/malpractice suit,	ns, showing completion and recommendations, and (3) attach a copy of including final disposition and/or settlement. You must answer "Yes"		
nen when a conviction or judgment has been deferred or expunged from you. Been convicted, found guilty of or entered a plea of guilty or no continor traffic violations with fines under \$500)?	77		
. Had any judgments or settlements paid on your behalf as a result of a n	nalpractice suit or claim against you? Yes No		
2. Been investigated by a licensing, registration, or certification authority certification authority or organization institute disciplinary action again vestigation or action was instituted by this licensing board you may answ	st you related to your professional practice? (If the		
B. Been disciplined or sanctioned by any licensing, registration, or cert ofessional practice? (If this licensing board took the disciplinary action,			
4. Developed a medical condition which in any way impairs or limit asonable skill and safety? (If you are currently a participant in the Interest in the Inter			
5. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a articipant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)			
Type of Application: 16. Physical Therapist Physic	al Therapist Assistant		
Applying by Examination (new graduate) OR	Endorsement (previously licensed in another state)		
17. Have you taken the National Physical Therapy Examination?	Yes No		
If yes, dates taken/ Pass	Fail		
/ / Pass	Fail 🗌		
/ / Pass 🗌	Fail		
If no, in which state do you plan to take NPTE?			

18. Do you wish to inform the Board of any phys administration of the examination? Yes		ould require special acco	ommodation for the
Professional Education			
19	Location of S	School	
20. Degree date:	Locuiton of t	School	
21. Are you or have you ever been licensed, certif	fied, or registered in another state	e? Yes 🗌 No 🗀]
If yes, list the two letter postal codes of the sta			
22. If applying for licensure by <u>endorsement</u> list within the immediately preceding 2 year period. 2 year period. a. Establishment:	od or provide proof of continuing	g education earned in the	immediately preceding
a. Establishment.			
Street Address	City	State	Zip Code
Dates: From to			
Full Time: Yes No If part-time	e, indicate number of hours per w	veek	
b. Establishment:			
Street Address	City	State	Zip Code
Dates: Fromto			
Full Time: Yes No If part-time	ne, indicate number of hours per w	veek	
c. Establishment:			
Street Address	City	State	Zip Code
Dates: From to			
Full Time: Yes No If part-time	e, indicate number of hours per we	eek	
I certify that I have carefully read the questions under penalty of perjury that my answers, and all true and correct. If it is determined at any tim application, I understand that my application may if I am already licensed.	Il other statements or information ne that I have provided misleading	submitted by me in this ng or false information	application process, are on or in support of this
I understand that I am required to update answer during the time period the application is pending. Code, Chapter 22 and that application information in submitting this application, I consent to any reson or in conjunction with this application.	. I also understand that this applied in is public information, subject to	cation is a public record to the exceptions contain	in accordance with Iowaned in Iowa law. Finally
*This information is collected pursuant to Iowa C result in license denial. Privacy Act Notice: Disc 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1 obligations and as an internal means to accurately including Iowa Code § 421.18.	closure of your Social Security No. 1). The number will be used in c	umber on this license ap- connection with the colle	plication is required by ction of child support
22			

INSTRUCTIONS

To complete application, answer each question completely in ink. The following is a list of the supporting documents and fees required for licensure. It is the applicant's responsibility to see that all required documents and fees reach the board office.

BY	EXAMINATION:
	The non-refundable licensure fee is \$120. Make check or money order payable to the Iowa Board of Physical &
	Occupational Therapy.
	Official final transcripts sent directly to the board office from professional school.
	Official copy of NPTE examination scores sent directly from the FSBPT Score Transfer Service.
	<u>Foreign-educated</u> physical therapists have the same requirements as listed above <u>plus</u>
	Board-approved evaluation of your professional curriculum from FCCPT and
	Certified proof of passing IBT-TOEFL with a total score of at least 89 as well as accompanying minimum scores in the four test
com	ponents as follows: 24 in writing; 26 in speaking; 21 in reading comprehension; and 18 in listening comprehension, sent directly from
exai	mination service
<u>BY</u>	ENDORSEMENT:
	The non-refundable licensure fee is \$120. Make check or money order payable to the Iowa Board of Physical &
	Occupational Therapy.
	Official final transcripts sent directly to the board office from professional school.
	Official copy of NPTE examination scores sent directly from the FSBPT Score Transfer Service.
	Employers statement of at least 2,080 hours of PT/PTA practice within last 2 years.
	or Proof of continuing education Physical Therapist - 40 hours or Physical Therapist Assistant - 20 hours;
	Or Have successfully passed the examination within a period of one year from the date of examination to the time the application is completed for licensure.
	If you have obtained a PT/PTA license in any other state(s), official verification of licensure from those states must be sent
	directly to the board office from each state.
	<u>Foreign-educated</u> physical therapists have the same requirements as listed above <u>plus</u>
	Board-approved evaluation of your professional curriculum from FCCPT and
	Certified proof of passing IBT-TOEFL with a total score of at least 89 as well as accompanying minimum scores in the four test
com	ponents as follows: 24 in writing; 26 in speaking; 21 in reading comprehension; and 18 in listening comprehension, sent directly from
exai	mination service

Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fee has been received in the Board office. The Board will evaluate your qualifications solely on the basis of the information submitted. Questions regarding the application process may be directed to 515/281-4287 or karla.hoover@idph.iowa.gov. Please note that frequent phone calls to the Board office will slow the application process. An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing. Mail the original completed application bearing signature in ink to:

Iowa Board of Physical & Occupational Therapy Bureau of Professional Licensure Lucas State Office Building, 5th Floor 321 E 12th St. Des Moines, IA 50319-0075

http://www.idph.state.ia.us/licensure

When you are licensed, you will be able to view and print your licensure status. Go to www.licensediniowa.gov. Click on License Search, insert your name, and select your profession. Your license and wallet card will be mailed to you after Active status is posted.